



**PATENT**

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

#3/A  
CL  
03/13/04

In the **PATENT APPLICATION** of:

Johnson Lin

**Application No.:** 09/822,875

**Confirmation No.:** 6152

**Filed:** March 30, 2001

For: METHOD AND DEVICE FOR  
IDENTIFYING FAILED DEVICES IN  
COMPUTER

**Group:** 2184

**Examiner:** Gabriel L. Chu

Our File: DEE-PT011

Date: March 2, 2004

**RECEIVED**

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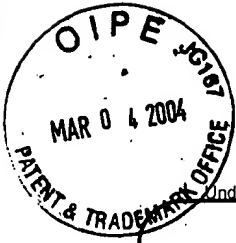
Technology Center 2100

**REPLY PURSUANT TO 37 C.F.R. §1.111**

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Sir:

This Reply is responsive to the Office Action dated December 2, 2003 (Paper No. 2).



2184

PTO/SB/21 (05-03)

Approved for use through 04/30/2003. OMB 0651-0031

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<b>TRANSMITTAL FORM</b>  (to be used for all correspondence after initial filing)	Application Number	09/822,875
	Filing Date	March 30, 2001
	First Named Inventor	Johnson Lin
	Art Unit	2184
	Examiner Name	Gabriel L. Chu
Total Number of Pages in This Submission	Attorney Docket Number	DEE-PT011

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance communication to Group
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Terminal Disclaimer	<input type="checkbox"/> Other Enclosure(s) (please identify below):
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<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<div>RECEIVED MAR 08 2004 Technology Center 2100</div>	
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application		
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Scott Wolinsky Reg. No. 46,413 Volpe and Koenig, P.C.
Signature	<i>Scott Wolinsky</i>
Date	03/02/2004

CERTIFICATE OF TRANSMISSION/MAILING	
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Mail Stop Non-Fee Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.	
Typed or printed name	Scott Wolinsky
Signature	<i>Scott Wolinsky</i>
Date	03/02/2004

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